MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/535,44

FILING DATE

APPLICANT(S)

7-6-09 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		X	X			51							
2			1	X			52							
3		1	X				53							
4		3/	X		1		54							
5		1①			1		55							
6	1		X				56							
7		①①	X				57							
8		①①	X				58							
9		1①			1		59							
10		①①	X				60							
11			X				61							
12		1	X				62							
13		1①			1		63							
14		①①	X				64							
15		①①					65							
16		①①					66							
17		①①			1		67							
18		①①			1		68							
19		①①					69							
20		①	X				70							
21		①	X				71							
22		①①					72							
23		1①			1		73							
24		①					74							
25			X				75							
26			X				76							
27		1					77							
28		①①			1		78							
29		①①			1		79							
30		①①			1		80							
31		①①	X	X			81							
32		①/					82							
33		1①					83							
34		①①					84							
35		1①			1		85							
36		①	X				86							
37	1		X				87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	1	↓		↓		↓	TOTAL IND.		↓		↓		↓	
TOTAL DEP.	19	←		←		←	TOTAL DEP.		←		←		←	
TOTAL CLAIMS	20						TOTAL CLAIMS							

PTO-1360 (REV. 9/03)

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